NC Mental Health Planning and Advisory Council
Meeting Minutes – Final Approved
May 4, 2012 ~ 10 a.m. – 3:30 p.m.
630 Palmer Drive, Taylor Building, Dorothea Dix Campus, Raleigh, NC

Present: Marc Jacques, Mary Edwards, Kent Earnhardt, Tricia Hahn, Gwen Belcadi (for Mary Reca Todd), Gina Price, Gail Cormier, Mary Lloyd (phone), Terri Shelton (phone), , Peter Bernadini (for Amelia Mahan), Eva Eastwood, Bruce Spangler, Vicki Smith, Lucy Dorsey, Dick Brunstetter, John Sullivan, Martin Pharr.

Staff Present: Maria "Ging" Fernandez, Adult Planner, Susan E. Robinson, Child Planner

Others Present: Walt Caison, Emery Cowan, Lee Lewis, Heather Mcallister Brenda Piper, Ken Edminster,

Welcome, Introductions, Review Minutes & Agenda
Marc Jacques convened the meeting, welcomed all and invited member introductions. The draft minutes from the March 2 meeting were reviewed and approved as amended for posting on the web.

Marc and Gail invited those present to wear a green ribbon and share information distributed on MH Awareness Month & Child Mental Health Awareness Week. The Governor's Proclamation sponsored and requested by the North Carolina Families United, National Alliance on Mental Illness in NC in collaboration with the NC Mental Health Planning and Advisory Council. This year's CMHS guided focus was on promoting trauma informed services and supports and prevention of trauma through mental health promotion activities. Trauma impacts nearly everyone at some point in life, for some lasting impact. Members offered examples of awareness activities in which they have been planning and will occur in their communities. Examples included walks, community forums in the park, green balloon launches (environmentally friendly materials used), flyers distributed on pizza boxes, interviews and articles in local newspapers among others.

The agenda was reviewed and followed as outlined. Handouts included: Agenda, March 2 Minutes and MH Awareness Month & Child Mental Health Awareness Week – Governor's Proclamation

Review Results of the Evidenced Based Practices Survey
Maria Fernandez, Quality Management Team, reviewed the preliminary data from the evidenced based practice (EBP) survey completed for MH/SA EBPs in service delivery.

Members questions included: the rate of return (the rate is very good in comparison to other EBP surveys completed, e.g. PBH 7% return rate for thousands of surveys disseminated); would like to see a deeper study of some of the treatment practices (peer support); would like more info of other EBP – such as algorithms; how are consumers involved in the implementation of the EBPs and quality management; did family partner get included in the survey or is it considered as part of the peer support response by LMEs for children's services?

For purposes of the report and future planning the Council considered the following:

- Council questions and comments & member local experiences
- Council response and recommendations to be included in the Council's SFY 2013 Plan & SFY 2012 Report Implementation Report

Suggested next steps include:

1) complete survey on peer support for adults – how used in recovery support
2) complete survey on family partners for children/youth establish group to work with Ging/QM: Marc, Eva, Debbie, Emery

Why do the survey- what is the goal?

- Use for advocate for more peer support.
- Need a robust definition of peer support in NC.
- What are the outcomes of peer support implemented? Individual outcomes?
- In what context is peer support is being used?

Concerns:

What is their definition of peer support? How is peer support being implemented? What is working? What is not working? Why not use EBPs? What are the barriers for using EBP and peer support (is it money? Is it rates?) What would make it more likely?

Peer support specialists are not used enough; how will info be used? Effectiveness? See the value of the service? It comes down to a funding issue or produces better outcomes. Is it being provided by fidelity? Is the service embedded in ACTT or CST? If so how implemented – fidelity?

Questions:

- ✓ What are the services that peer support is interacting with (what is happening? How is that identified as reported?
- ✓ How long have these services been in place? (immediate after CABHA allowed/required to have peer support, family partners,
- ✓ Are the services billable? Or are the peer support specialists volunteers?

1915(i) option - NC choosing to use (i) option to for different services than needed for behavioral health.

Consumer Perception of Care – Consumer involvement in satisfaction survey –

Staff reported that the Council will be asked to participate in planning survey questions, process and analysis in the coming year for 2013-2014 implementation. More information will be forthcoming.

PATH (Projects for Assistance from Homelessness)

Debbie Webster, Best Practice Team, provided a review of the federal **PATH (Projects for Assistance from Homelessness) application**, the LME/MCO responses and planning for this SFY2013 McKinney Vento block grant application. Debbie provided information on the new federal requirements and guidelines for the grant submission and use of the funds.

One of the MH block grant plan criteria focuses on rural and homeless populations, for NC, this is directed to outreach and engagement in services and supports for those who have serious mental illness and are in need of treatment.

SOAR – SSI/SSDI Outreach, Access, Recovery

Debbie Webster, Best Practice Team provided information on a process that trains staff to help individuals who may be eligible for SSI/SSDI to complete application process effectively. Submissions through this process are very successful, more so than those who do not receive guidance and support in the process. This helps individuals in need who are eligible to move forward in their recovery. In NC, an individual can 'buy in' to Medicaid or do a 'spend down.' SGA – meet $900/month up to 9 months

Individuals who are homeless and need assistance can be quickly approved thru SOAR and get access to needed supports. A primary SA diagnosis excludes an individual from accessing disability income.

Housing retention after PATH and SOAR outreach is nearly 70% when implemented to fidelity and able to fully engage and facilitate sustained supports and treatment.

Vicki Smith asked for clarification related to use and access to PATH and SOAR for those who are being discharged from long term care facilities. Debbie clarified that these services have limited funds and Debbie offered examples of how individuals in communities have been helped thru the PATH and SOAR initiatives through life stories.

Debbie also reported that a **Coalition on Aging** has formed. Mary among others on the Council participate. Work of this Coalition includes developing fact sheets regarding this population of older adults in communities in our state, needs based on known national and state data trends and resources to meet those needs. Debbie will share these with the Council when complete.

For the report and future planning the Council considered the following:

- Council questions and comments & member local experiences
- Council response and recommendations to be included in the Council's SFY 2013 Plan & SFY 2012 Report Implementation Report

For the plan:

- Add examples of positive outcomes through life stories for PATH and SOAR.

Block Grant & Division Plan Updates

Maria "Ging"& Susan **provided the following updates to the Council:**

- Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Update - Terrie Qadura, SAPTBG Coordinator has retired from her position and the Division. Council members offered good wishes and will miss Terrie in future meetings and work on the Plans and Reports.
- Susan provided a review of the NC Healthy Carolinians 2020 Objectives update and this was distributed for Council review and use in looking at how health and MH/SA and wellness intersect for Council and Plan priorities around integrated care, community integration, and coordinated care with primary care and health disparities.
- Ging provided a brief update on the SBIRT grant – Screening Brief Intervention and Referral for Treatment stating that progress is being made in working with the Community Care in NC (CCNC) sites and LMEs who are participating in the grant. There is a lot of training involved for those involved in the grant for best practices and trauma informed care.

~ Lunch - Member Networking & Information Exchange ~

Members shared information regarding their work among their spheres of influence in the community, state or nationally while eating lunch.

Member and Agency Updates

- MH Awareness Month & Children's MH Week Gail Cormier reiterated opportunities to celebrate and promote awareness in the coming week and month as stated at the beginning of the meeting. NCFU & NAMI are sponsoring many events locally. Gail provided an update on Youth MOVE and the many successes and forums in which youth and young adults are engaged, including identifying youth to participate with the Council and in a Stigma Slam they have organized and planned as a fund raiser occurring in Raleigh at the end of the month.

- Disability Rights NC, Vicki Smith, Executive Director, provided an update on the current actions and investigations pending and anticipated resolutions. Members can learn more about this work on their web site. Vicki will continue to provide updates to the Council as progress is made in these cases.

  Disability Rights NC – 5th Birthday celebration is on the 21st 4-7. PAMI is addressing issues of stigma. More information can be found on the web.

  Marc asked – what Vicki what she was asking of the Council. Vicki indicated an example of concerns that are related to NIMBY and promoting stigma and mythology of fears of individuals who experience MH needs.

- NC Mental Health Consumers Organization - Eva provided an update on the success of their recent trainings on MH First Aid and WRAP. Eva has held mental health first aid training (12 hour training) help identify MH crisis and help stabilize to help. David Crosby (Crossroads) in NC has been an excellent resource and is a certified trainer.

- Mary Edwards indicated there is elder abuse prevention awareness walk next Friday at10 in the morning, wear a purple ribbon.

- NAMI in NC - Marc provided updates regarding NAMI Walks, NAMI Basics, and CIT. Marc encouraged all to participate in the upcoming Walk on Dix campus.

- Dept. of Juvenile Justice (DJJ) -- Martin Pharr stated that there is a great deal of structural change occurring in the renamed DJJ (Delinquency and Prevention was dropped from the agency name). He indicated more clinical work is being done to be sure youth are identified and get the treatment and other services needed earlier. Martin also stated he was working with their educational services at this time to strengthen necessary components. Federal justice reinvestment act – community reentry community based interventions, illness recovery wellness interventions, SAOT, linkages with other community partners –out of adult justice
- Gina – VR update WIPPA – work incentives act. There are 3 private providers and 4 staff at D VR – in 5th year of grant; Federal agency did not renew; service will not be funded as in the past thru the federal grant funding. There is a MEG grant – this is coordinated with DMA, will take some of this grant funding thru 12/31/12 to help support continue the service developed thru the WIPPA grant. This service helps VR individuals how to sustain their benefits. Employment or work source mentor RFI – establishing a network of peers to provide employment mentoring, esp. for those who experience mental illness (ECP – Charlotte, SE area)

SFY 2013 Plan - Focus Areas in the Planning Steps Table of the SFY 2011-2013 Plan

Consumer/Family Role in Resiliency & Recovery Supports System in NC

Marc led the Council in a discussion regarding the challenges of how a recovery oriented system of care fits into a waiver environment and into implementation as well as health reform. Council discussion and questions included the following:

From the waiver perspective, efficiency is important, e.g. a focus on reduction of ED use and LOS. Marc indicated that if we are not careful, the waiver will become a default fee for service system, which was not intended.

Members were encouraged to consider the work of Arthur Evans, Thomas Cook (CT signed recovery oriented system of care in PA), Wisconsin and approximately 20 states say they have recovery oriented system.

Walt offered an observation of the waiver as a top down financially driven SOC, almost like a wizard of ox behind the curtain, we and Dorothy and the others are trying to figure out what we need to get back to Kansas (recovery). This image resonated with many of the Council members.

How do we develop a strong grassroots recovery oriented SOC across the state; informal grassroots focused work, can be most powerful when not 'embedded' in the formal treatment public system.
A caution to not look too closely at the formal system to look to drive the recovery oriented SOC. We need to grow ways to develop and move recovery.

Eva listened to Dr. Nina's presentation at CPDMI, and Eva is concerned to not have consumers engaged and involved in the developing system while evolving. There must be integration for success and complete partnering as a tenant of SOC for all individuals.

Marc stated there is a great concern of forming a parallel movement rather than an integrated system.

If a railroad track, managed care is chugging along on focused on billing and codes, not on changing movement in people's lives. There is a great risk for forming and staying in a cookie cutter system and not movement in direction.

Example was offered of the adult MH Consumers Organization annual conference, fewer community organizations and formal LME/MCOs are sponsoring consumers to attend the annual conference. This is an example of lesser support and resources/funds for engaging and informing consumers.

Walt stated the system works by and thru "influenced" system. Marc agreed, information is power.
There is a question of perspective.

A system metaphor was offered for the discussion.
One rail happy to sit by itself and not lean to the other rails.

Monorail system is more efficient system

Perspectives – how to bring these together and build common vision.

There is a need to develop criteria for recovery-oriented SOC.

Example GA – state law that requires peer support specialize to be part of the system of services.

Influence providers and leaders in the provider community and legislators

Example of accessing disability – how to use words to be sure disability is established and maintained – there is no gain in this, no progress or individual movement

We need strategies and messages to help move one's recovery to being more valuable than one's disability.

There is a concern that over 700 peer support specialists have been certified in NC, though to what extent these individuals are in paid/unpaid positions and practicing and helping the system move forward is uncertain. This needs to be looked at.

Recovery is about moving forward, it is about today, being better today than you were yesterday. Better tomorrow than you are today

- ✓ Minimum standards?
- ✓ Minimum of individual in treatment and recovery for one year w/o hospitalization
- ✓ For training
- ✓ For train the trainer (TOT)
- ✓ For what is acceptable curriculum for peer support specialist certificate; for TOT certificate
- ✓ What assures fidelity?

Debbie Webster offered an overview on peer support specialist and the certification process. Standards were established for training components for peer support specialist curriculum for certification Subject matter experts -SMEs review the curriculum approved/not in meeting. A certification board does not exist for this.

Concern for making sure we are making the training, same requirements of accountability, put value back in the peer support specialist program (i.e. look at training, who is doing the training for a higher level of peer support specialist – value added.

Clarification of what constitutes peer support specialist criteria

NAMI does peer to peer – this provides the additional 20 hours is added for this purpose and does WRAP training along with the NC Mental Health Consumers' Organization.

It was suggested that we need:

- Every 2 yrs – resubmit – 20 more hours of training
- Need a tiered system
- Need a 'registry' to support individual commitment (follow SA)
- Relapse is part of recovery – this needs to be considered

Consumer Advocacy Team and the Best Practice Team – developed an RFA to train and assist eligible folks in LMEs as peer support specialists. This information will be updated for the Council (numbers and outcomes.)

The UNC- CH School of Social Work, the Behavioral Resource Program (BHRP) web site states that there 55% are employed who are certified. Other examples offered included Western Highlands wherein Kim Franklin established recovery education centers. CABHAs are also training

Barriers to being employed after being certified – the following issues and concerns were raised in the discussion:

- There is a concern that folks who become certified have the assumption or idea of entitlement to be hired after they are certified
- There is a need to get value out of the certification – paid/unpaid employment to use and build skills.
- Service gives to keep what one has gained.
- A like example is that the DMHDDSAS is having to sell LMEs/MCOs on doing SOC to fidelity

Gina Price offered an update on the VR request for information (RFI) as a way to get peer support specialist in place; it is the idea of using peers in VR this will be a 3 yr. process.

Strategy – increase requests for peer support – private insurance, Medicaid services. (Gina suggest)

Demonstrating outcomes is key to building an understanding that peer supports are valuable.

Supporting practitioners and educating providers on recovery practices are important elements in changes needed.

Next Meeting Date and Agenda Planning:
Members asked that the meeting in August be moved to August 17th due to conflicts. Marc indicated he would be travelling to the federal grantees meeting in early August and a NAMI National meeting before them.

Members suggested the following for the August 17 meeting agenda:

- complete the Plan for SFY 2013 submission
- waiver implementation update and insight into the before and after LME/MCO implementation process.
- upate on DWAC, state CFAC and community CFAC
- Data Trends and analysis – what do we know- Community Services Performance Report
- update on final work of the NCIOM on Suicide Prevention, Early Childhood MH & EBPs
- Updates on peer support, family partners, employment, housing, ACT and other best practice updates
- Review use of funds through contracts and LMEs

Member suggested the following for the Nov 2 meeting agenda:

- waiver implementation update for the report
- review contractors SOW summary reports & LME expenditures for the report
- community services report review & data trends review for MHBG indicators/outcomes for the report
- completing draft of the SFY2012 report and Council letter
- Set calendar and council priorities for next year 2013

Meeting Adjourned:
Marc adjourned the meeting thanking members for a lively discussion and good elements to be considered for future planning.